

# HOUSE BILL REPORT

## ESHB 2160

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**As Passed House:**  
February 13, 2014

**Title:** An act relating to allowing physical therapists to perform spinal manipulation.

**Brief Description:** Allowing physical therapists to perform spinal manipulation.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives Jinkins, Pollet, Appleton, S. Hunt, Buys, Haler, Warnick, Pettigrew, Manweller, Goodman, Clibborn, Santos, Harris and Kagi).

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/30/14, 2/3/14, 2/5/14 [DPS].

**Floor Activity:**

Passed House: 2/13/14, 92-6.

**Brief Summary of Engrossed Substitute Bill**

- Allows physical therapists to perform spinal manipulation and manipulative mobilization of the spine and its immediate articulations.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Cody, Chair; Riccelli, Vice Chair; Clibborn, Green, Jinkins, Manweller, Moeller, Morrell, Tharinger and Van De Wege.

**Minority Report:** Do not pass. Signed by 7 members: Representatives Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; DeBolt, G. Hunt, Rodne, Ross and Short.

**Staff:** Jim Morishima (786-7191).

**Background:**

Physical Therapists.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

Licensed physical therapists may perform a variety of services, including:

- examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments, functional limitations in movement, and disability or other health and movement-related conditions;
- alleviating impairments and functional limitations in movement;
- training for, and the evaluation of, the function of a patient wearing an orthosis or prosthesis;
- performing wound care services;
- reducing the risk of injury, impairment, functional limitation, and disability related to movement; and
- engaging in administration, consultation, education, and research.

To be licensed as a physical therapist, an applicant must:

- have a baccalaureate degree in physical therapy from an institution of higher education or a baccalaureate degree from an institution of higher education and a certificate or advanced degree from an approved school of physical therapy;
- be of good moral character; and
- pass an examination.

A licensed physical therapist may not use spinal manipulation or manipulative mobilization of the spine and its immediate articulations. A physical therapist may not advertise that he or she performs spinal manipulation or manipulative mobilization of the spine.

### Chiropractors.

Chiropractic is a health care practice involving the diagnosis, analysis, care, and treatment of the vertebral subluxation complex and its effects, articular dysfunction, and musculoskeletal disorders, all for the restoration and maintenance of health and recognizing the recuperative powers of the body. To be licensed as a chiropractor, an applicant must:

- graduate from an accredited chiropractic college;
- show satisfactory evidence of a resident course of study of at least 4,000 hours of instruction;
- be of good moral character; and
- pass an examination.

### **Summary of Engrossed Substitute Bill:**

A physical therapist may perform spinal manipulation, spinal manipulative therapy, high velocity thrust maneuvers, and grade five mobilization of the spine and its immediate articulations (spinal manipulation) only after being issued a spinal manipulation endorsement. The Secretary of Health must issue a spinal manipulation endorsement to a physical therapist with at least one year of full-time (at least 36 hours a week), post-graduate, orthopedic practice experience that consists of direct patient care who completes the following additional requirements:

- 100 hours of training in differential diagnosis;
- 250 hours of didactic and practical training related to the delivery of spinal manipulative procedures;

- 150 hours of training in spinal diagnostic imaging; and
- 300 hours of supervised clinical practical experience in spinal manipulative procedures, which must be:
  - supervised by a clinical supervisor who is: (1) a physical therapist authorized to perform spinal manipulation; (2) a licensed chiropractor; (3) a licensed osteopathic physician and surgeon; or (4) a person who holds an endorsement or advanced certification, the training requirements for which are commensurate with the training requirements for physical therapists authorized to perform spinal manipulation (the ability of this last type of person to supervise a physical therapist expires on July 1, 2020);
  - under the close supervision (the supervisor has personally diagnosed the condition to be treated, has personally authorized the procedures to be performed, and is physically present in the operatory) of the clinical supervisor for at least the first 150 hours of the clinical practical experience, after which the supervised clinical experience must be under direct supervision (the supervisor is continually on-site and present in the facility, is immediately available to assist the person being supervised, and maintains continued involvement in appropriate aspects of each treatment session); and
  - completed within 18 months of completing the educational requirements, unless the educational requirements were completed prior to July 1, 2015, in which case they must be completed by January 1, 2017.

A physical therapist authorized to perform spinal manipulation must consult with another health care practitioner authorized to perform spinal manipulation if spinal manipulative procedures are required beyond six treatments. A physical therapist authorized to perform spinal manipulation may not:

- have a practice in which spinal manipulation constitutes the majority of the services provided;
- practice or utilize any form of chiropractic manipulative therapy in any form;
- delegate spinal manipulation;
- advertise that he or she performs chiropractic adjustment, spinal adjustment, maintenance or wellness manipulation, or chiropractic care of any kind; or
- bill a health carrier for spinal manipulation separately, or in addition to, other physical therapy procedures.

A physical therapist authorized to perform spinal manipulation must complete at least 10 hours continuing education directly related to spinal manipulation per reporting period. At least five hours of the training must be related to procedural technique and application of spinal manipulation.

If a physical therapist intends to perform spinal manipulation on a patient the physical therapist knows is being treated by a chiropractor, the physical therapist must make reasonable efforts to coordinate patient care with the chiropractor in order to avoid conflict or duplication of services.

By November 15, 2019, the Board of Physical Therapy must report to the Legislature any disciplinary actions taken against physical therapists whose performance of spinal

manipulation resulted in physical harm to a patient. Prior to finalizing the report, the Board of Physical Therapy must consult with the Chiropractic Quality Assurance Commission.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The act takes effect July 1, 2015, except for section 2, amending the section authorizing physical therapists to perform spinal manipulation, which takes effect July 1, 2020.

**Staff Summary of Public Testimony:**

(In support) The stakeholders have done good work over the past year trying to work this bill out. Passing this bill will ensure the best possible care for patients by allowing physical therapists to use evidence-based treatments that they are trained to perform. Washington is one of two states that prohibits physical therapists from performing spinal manipulation. Physical therapists who provide care for members of the military are authorized to perform spinal manipulation. Without this bill, physical therapy patients will have to seek out another provider if spinal manipulation is indicated, which wastes time and money. All schools of physical therapy teach these skills, which students must master before graduating. Physical therapy training is skills-based, not hours-based. Physical therapists are taught that spinal manipulation is not required for every patient, which is consistent with best practices. Physical therapy students are reluctant to attend Washington schools because they know they will be learning skills that are illegal to practice in the state. This bill can also adversely affect research, because researchers are forced to go to other states to perform spinal manipulation. The parameters in this bill will make Washington the strictest state in the nation with respect to spinal manipulation.

(Opposed) This is not a chiropractors versus physical therapists issue. Spinal manipulation is a safe and effective technique, but only with appropriate training; spinal manipulation is a complex skill and must be adaptive and context-specific. These are highly refined skills that take years to acquire. There has been no evidence presented that physical therapy education is adequate; physical therapy training is too narrow and is buried within broader training. Chiropractors learn multiple techniques to give appropriate care. There are at least six other states with some sort of prohibition against physical therapists performing spinal manipulation; some states are silent on the issue. Over half the injuries from spinal manipulation are caused by providers who are not chiropractors. Members of the military get spinal manipulation only from physical therapists; the bias continues. Other states and many organizations, including the World Health Organization, recommend significantly more training to perform spinal manipulation than is required by this bill. Physical therapists currently do not refer to chiropractors. Under this bill, a physical therapist may be able to start clinical training without ever laying hands on a patient.

**Persons Testifying:** (In support) Representative Jenkins, prime sponsor; and Elaine Armantrout and Dan Anton, Physical Therapy Association of Washington.

(Opposed) Lori Grassi and Austin McMillin, Washington State Chiropractic Association.

**Persons Signed In To Testify But Not Testifying:** None.